Prel	iminary	Classification	ı:

Subclass:

Proposed Class:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450



Transmitted herewith for filing is the patent application of

Wiebke NEUMANN; Dr. Max SCHALDACH, JR.; Marcel STARKE; Werner UHRLANDT; Dr. Juergen DREWS

For (title): ELECTROMEDICAL IMPLANT FOR INTERCARDIAL CORONARY THERAPY

1. Type of Application

Inventor(s):

This application is for an original (nonprovisional).

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

EXPRESS MAILING UNDER 37 C.F.R. § 1.10*

(Express Mail label number is mandatory.)
(Express Mail certification is optional)

W. Edward Crooks

Type or print name of person mailing paper

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Signature of person certifying

WARNING: Certificate of mailing (first class) or facsimile transmission procedures of 37 C.F.R. 1.8 cannot be used to obtain a date of mailing or transmission for this correspondence.

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"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

- 15 Page(s) of Specification
- 4 Page(s) of Claims
- 9 Sheet(s) of Drawing(s)--Formal

B. Other Papers Enclosed

- 3 Page(s) of declaration and power of attorney
- 1 Page(s) of abstract

3. Declaration or Oath

Enclosed, but not executed by the inventors.

4. Inventorship Statement

The inventorship for all the claims in this application is the same.

5. Language

English

6. Assignment

An assignment of the invention to Biotronik GmbH & Co. KG will follow.

7. Certified Copy

Certified copy of application:

Country	Application Number	<u>Filed</u>
Germany	102 47 674.8	10/09/2002

from which priority is claimed will follow.

8. Fee Calculation (37 C.F.R. § 1.16)

Regular Application

CLAIMS AS FILED											
	Number Filed		Number Extra		Rate			Basic Fee 37 C.F.R. § 1.16(a) \$770.00			
Total Claims (37 C.F.R § 1.16(c))	20		20	=	0	х	\$	18.00	=	\$	0.00
Independent Claims (37 C F R 8	1	_	3	=	0	х	\$	86.00	=	\$	0.00

1.16(b))		
Multiple Dependent Claim(s), if any (37 C.F.R § 1.16(d))	\$ 290.00	\$ 290.00

PLEASE DO NOT CHARGE FOR CLAIMS AT THIS TIME. AN AMENDMENT DELETING MULTIPLE-DEPENDENCIES WILL BE FILED WHEN THE TRANSLATION IS FILED.

Filing Fee Calculation

\$1,060.00

9. Fee Payment Being Made at This Time

Not Enclosed

No filing fee is to be paid at this time.

Date: 10/7/03

Reg. No.: 33390

Tel. No.: 330-864-5550 Customer No.: 21324 Signature of Practitioner

Stephen L. Grant

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